

Completing the Request for OLDC Access Form for CED Grantees

To gain access to a new grant in OLDC or if you are a new staff member and this is the first time you're requesting access to OLDC, you will need to complete the [Request for OLDC Access Form](#). Please see the instructions below. Once complete, please email the form to OCSRegistrar@icf.com.

Completing the [Request for OLDC Access Form](#)

1. Download the form at: https://www.acf.hhs.gov/sites/default/files/ocs/oldc_access_form.docx.
2. Fill out the sections of page 2 as outlined below.
3. Email the form to OCSRegistrar@icf.com.

Personal Information:

- Enter your name, contact information, title, and browser information (i.e., Chrome, Internet Explorer).
- **Person Type:** Grantee Staff
- Select *Yes* or *No* to identify if you have an existing OLDC account.
- Enter the grant number you need access to.

Assignments:

- **Programs:** Community Economic Development
- **Forms:** Select "All" and list the 4 forms of the PPR you need to access:
 - Grantee Information & Certification
 - A. Performance Measures
 - B. Program Indicators
 - E. Activity Based Expenditure
- **Job Type:** Refer to the table on page 1 to identify the correct job type and enter it in this column.
 - Authorized Officials should enter Authorized Official.
 - Project Contacts should enter Grant Director.
- **Additional Roles:** Refer to the table on page one to select additional roles.
 - Authorized Officials and Project Contacts should add **all** of the additional grantee roles by listing the initials of each role in the "additional role" column. See example below.
- **Email Notification upon Submit:** Select *Yes* to ensure you receive a notification from the system when the PPR has been successfully submitted in OLDC.

Example for how to complete the "Assignments" table:

ASSIGNMENTS				
Programs:	Forms:	Job Type: (One Per Program)	Additional Roles:	E-Mail Notification upon Submit:
Urban & Rural Economic Development	<input checked="" type="checkbox"/> All	Authorized Official	S, US, AA, CE, EF, D, RP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Specific Forms:			
	Form Name(s): Grantee Info& Certification			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Form Name(s): A. Performance Measures			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Form Name(s): B. Program Indicators			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Form Name(s): E. Expenditures			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any questions, contact OCSRegistrar@icf.com.